

Doc Code:

COPY

PTO/SB/31 (04-07)

Approved for use through 09/30/2007. OMB 0654-0031  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)

LIM3

MAY 11 2007

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]  
 on MAY 2, 2007

Signature

Typed or printed name

RISTO A. RINNE, JR.

In re Application of

EDMOND HENG LIM

Application Number

10/826,830

Filed

APRIL 16, 2004

For

PAPER PLATE BEVERAGE HOLDER

Art Unit

3632

Examiner

WUJCIAK, ALFRED J.

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$500.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$250.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 60-3128. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

☒ attorney or agent of record.  
Registration number

37,055

☐ attorney or agent acting under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34.

Signature

RISTO A. RINNE, JR.

Typed or printed name

415.457.6933

Telephone number

MAY 2, 2007

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

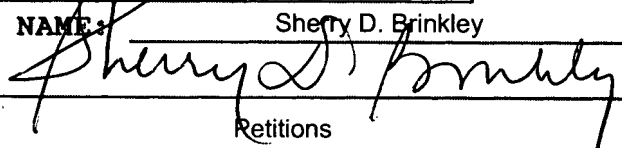
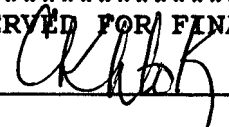
This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Reg. No. 09/05/2007 CXHL0K 001093000  
 Name/Number: 10826830  
 \$750.00 CR

09/05/2007 09:11:00  
 \$750.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 09/05/07		2 Serial/Patent # 10/826,830		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
X	Petition	wfee	05/11/07	\$ 750.00
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
X	Other (RCE Filing Fee)	wfee	05/11/07	\$ 395.00
		7 TOTAL AMOUNT OF REFUND		\$ 1,145.00
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #:		
X	Duplicate Payment	9 5 0 -- 3 1 2 8		
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Sherry D. Brinkley		TITLE: Petitions Examiner		
SIGNATURE: 		PHONE: 2-3204		
OFFICE: Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: 		DATE: 9/6/07		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: